## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006405

Entity Name: LOVE, HOPE & SALVATION MINISTRIES INC

**Current Principal Place of Business:** 

1424 HENRY BALCH DR ORLANDO, FL 32810

**Current Mailing Address:** 

1424 HENRY BALCH DR ORLANDO, FL 32810 US

FEI Number: 46-5103999 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAYAGO, CARMEN 1424 HENRY BALCH DR ORLANDO, FL 32810 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CARMEN SAYAGO 04/29/2025

Electronic Signature of Registered Agent

Date

**FILED** Apr 29, 2025

Secretary of State

9215842750CC

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** SAYAGO, CARMEN PEREZ, JORGE Name Name

1424 HENRY BALCH DR Address Address 148 WEST 12TH STREET

City-State-Zip: APOPKA FL 32819 ORLANDO FL 32810 City-State-Zip:

Title **COMMUNITY AFFAIRS** Title **SECRETARY** 

SEGOVIA, ARIS Name ISTURIZ GUZMAN, BELKYS M. Name

Address URBANIZACION BASE AEREA Address 1800 SANS SOUCI BLVD #316

EL LIBERTADOR NO. 093-D

City-State-Zip: NORTH MIAMI FL 33181 City-State-Zip: MARACAY ARAGUA 2105

\/P Title

Title **DIRECTOR OPERATIONS** Name ALVAREZ, MONICA

Name PRIETO, ENEIRO 2048 SHROUD ST. Address

Address 1424 HENRY BALCH DR APT. 107

City-State-Zip: ORLANDO FL 32810 City-State-Zip: ORLANDO FL 32814

Title **ELDER** Title **DIRECTOR PLANNING** 

Name RIVERA, AIDA Name PEREZ PASCUAL, MICHAEL

Address 50989 HIGHWAY 27 Address 1419 HENRY BALCH DR.

LOT 359

City-State-Zip: ORLANDO FL 32810 DAVENPORT FL 33897 City-State-Zip:

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

04/29/2025 **PRESIDENT** SIGNATURE: CARMEN SAYAGO

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

**ELDER** 

Title

**ELDER** Title Title **ELDER** 

DUPLAT, KATRINA HERRERA, ANTONIA Name Name Address CARRERA 23 # 114-61 Address 4924 EAGLESMERE DR.

SANTA ISABEL APT. 337

City-State-Zip: BOGOTA 110111 City-State-Zip: ORLANDO FL 32819

Title **ELDER** Title **ELDER** 

Name JARAMILLO, GARCIA ADRIANA Name ESCOBAR, CARLOS Address CARRETERA TURGUA-CARACOL Address CARRERA 23 #114-61 SECTOR LOS MANGOS CASA #4

BOGOTA 110110 City-State-Zip: EL HATILLO MIRANDA 1073 City-State-Zip:

Title **ELDER** Title **ELDER** 

Name TORRES, LIDIA Name DISLA, MARIA Address 623 PEACHWOOD DR.

Address 1844 HUGGINS DR. City-State-Zip: ALTAMONTE SPINGS FL 32714 City-State-Zip: APOPKA FL 32703

Title **ELDER** 

Name VERGARA, CHRISTINE Name VERGARA, JOSE Address 1400 BAHIA AVENUE Address 1400 BAHIA AVENUE

City-State-Zip: ORLANDO FL 32807 City-State-Zip: ORLANDO FL 32807

Title **ELDER** Title ELDER

Name BOLIVAR CARRASQUEL, MARLYB Name REY CARRASQUEL, LUIS

AV. PPAL PRADOS DEL ESTE LAS Address Address

**ANTILLAS** AVE. PPAL LOMAS DEL ESTE LAS ANTILLAS EDIF. ARUBA PISO 2 APT. 2C ED. ARUBA P2 APT 2C

BARUTA 1080 City-State-Zip: BARUTA 1080 City-State-Zip: